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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 3@ Health Care Services

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Article 3@ Standards for Participation

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Section 51215.8@ Pediatric Subacute Care Unit

## **51215.8 Pediatric Subacute Care Unit**

### **(a)**

A pediatric subacute care unit means an identifiable unit of a certified nursing facility licensed as a skilled nursing facility and meeting the standards for participation as a provider under the Medi-Cal program set forth in this section, accommodating beds including contiguous rooms, a wing, a floor, or a building that is approved by the Department for such purpose. In addition to the requirements set forth in this section, a facility providing pediatric subacute care unit services shall comply with all of the licensing requirements set forth in Title 22, Division 5, otherwise applicable to licensure as a skilled nursing facility.

### **(b)**

To the highest practicable extent, the pediatric subacute unit shall provide a safe, clean, comfortable and nurturing home-like environment designed to promote normal child development.

### **(c)**

Pediatric subacute beds shall not be dual classified as swing beds as they are defined in Section 1339.5, Health and Safety Code.

### **(d)**

The facility shall accept and retain only those pediatric subacute patients for whom it can provide appropriate care in accordance with this section, and as defined in Section 51124.6(c)(1).

**(e)**

The pediatric subacute care unit shall house patients based on their ages, gender, and/or developmental levels, and/or social needs in a manner planned to promote the growth and development of all those housed together.

**(f)**

The facility shall provide for a comprehensive developmental assessment for each pediatric subacute care patient who is under 36 months of age. The assessment shall be performed by a qualified professional with training and expertise specific to the assessment of, and program planning for, infant and child development. The professional who performs the developmental assessment shall:

- (1) Assess the patient's abilities and needs in at least the following areas, where applicable, within 14 calendar days of admission to the pediatric subacute care unit:
  - (A) Sensorimotor development including gross motor skills, fine motor skills and visual motor perception;
  - (B) Social development and cognitive development;
  - (C) Self-help development including developmentally appropriate feeding, toileting, dressing, and grooming;
  - (D) Language and communication skills; and
  - (E) Play and recreation needs.
- (2) Prepare a developmental program for each patient with specific goals and plan of activities to reach each goal;
- (3) Provide direct developmental services to patients in accordance with the developmental program;
- (4) Provide ongoing instruction to pediatric subacute direct patient care unit staff on the daily activities required to facilitate continuity of the developmental program;
- (5) Monitor the progress of the patient in reaching the goals of the developmental program, reassess the patient and revise the developmental program at appropriate intervals, but at least quarterly;
- (6) Maintain a record of the developmental program in the patient's medical chart, including regular progress notes;
- (7) Participate in the interdisciplinary team

conferences; (8) Provide family training as appropriate; (9) Make recommendations to the Service Coordinator, as provided for in (j) of this Section, regarding the provision of continuing developmental services prior to the patient's discharge to a lower level of care.

**(1)**

Assess the patient's abilities and needs in at least the following areas, where applicable, within 14 calendar days of admission to the pediatric subacute care unit: (A)

Sensorimotor development including gross motor skills, fine motor skills and visual motor perception; (B) Social development and cognitive development; (C) Self-help development including developmentally appropriate feeding, toileting, dressing, and grooming; (D) Language and communication skills; and (E) Play and recreation needs.

**(A)**

Sensorimotor development including gross motor skills, fine motor skills and visual motor perception;

**(B)**

Social development and cognitive development;

**(C)**

Self-help development including developmentally appropriate feeding, toileting, dressing, and grooming;

**(D)**

Language and communication skills; and

**(E)**

Play and recreation needs.

**(2)**

Prepare a developmental program for each patient with specific goals and plan of activities to reach each goal;

**(3)**

Provide direct developmental services to patients in accordance with the developmental program;

**(4)**

Provide ongoing instruction to pediatric subacute direct patient care unit staff on the daily activities required to facilitate continuity of the developmental program;

**(5)**

Monitor the progress of the patient in reaching the goals of the developmental program, reassess the patient and revise the developmental program at appropriate intervals, but at least quarterly;

**(6)**

Maintain a record of the developmental program in the patient's medical chart, including regular progress notes;

**(7)**

Participate in the interdisciplinary team conferences;

**(8)**

Provide family training as appropriate;

**(9)**

Make recommendations to the Service Coordinator, as provided for in (j) of this Section, regarding the provision of continuing developmental services prior to the patient's discharge to a lower level of care.

**(g)**

The facility shall incorporate each patient's developmental program into the comprehensive nursing care plan for each patient. The nursing care plan shall be revised based on changes in the developmental program.

**(h)**

In accordance with (j)(3) of this Section, the facility shall work with the Local Education Agency in the development and implementation of an Individual Education Plan (IEP) for each pediatric subacute care patient who is 36 months of age and older. The facility shall incorporate those activities identified in the IEP, as appropriate, into the patient's comprehensive nursing care plan. To facilitate continuity of services, the facility shall obtain instruction from the Local Education Agency for the pediatric subacute direct patient care unit staff in performing activities in the IEP when the child is not in a formal educational session.

**(i)**

In accordance with (j)(3) and (j)(4) of this section, the facility shall work with the Regional Center, as defined in Title 17, California Code of Regulations, Section 54302(a)(43) or the Local Education Agency Provider, as defined in Title 22, California Code of Regulations, Section 51190.2, in the development and implementation of an Individual Family Service Plan (IFSP), as specified in Government Code Section 95020, for each pediatric subacute patient who is under 36 months of age. The facility shall incorporate those identified activities in the IFSP, as appropriate, into the patient's comprehensive nursing plan. To facilitate continuity of services, the facility shall obtain instruction from the Regional Center or Local Education Agency Provider for the pediatric subacute unit staff in performing activities in the IFSP.

**(j)**

Each pediatric subacute care unit shall designate a person or persons as the Service Coordinator whose time is equal, in hours, to one full-time position for every 20 patients. This position shall be dedicated to the pediatric subacute care unit and be separate from the nurse staffing hours required by (k) of this section. The Service Coordinator(s) shall be either a registered nurse or individual with a

baccalaureate degree in social work who possesses the knowledge and ability to assess the current needs of each pediatric subacute patient and the available resources in the facility and community to meet those needs. The Service Coordinator's activities shall include, but not be limited to: (1) Coordination of patient admission activities; (2) Liaison between the patient, family members, the interdisciplinary team and community to assure that services to meet the patient's needs are initiated and met in accordance with their plans of care and treatment; (3) Referral to and collaboration with Early Intervention Programs as described in the Individuals with Disabilities Education Act, 20 United States Code, Section 1400, et seq., Early Intervention Program, 20 United States Code, Section 1471, and with Special Education Programs, as described in the California Education Code, Section 56000 et seq.; (4) Coordination with local or state agencies and programs providing services to children, such as the Regional Center, California Children's Services, Child Protective Services; (5) Coordination of patient and family teaching; (6) Preparation and implementation of a discharge plan for each patient's return home, to other appropriate placement or leave of absence. This shall include the identification and arrangement of services and equipment for the patient to effectuate discharge or leave of absence;

**(1)**

Coordination of patient admission activities;

**(2)**

Liaison between the patient, family members, the interdisciplinary team and community to assure that services to meet the patient's needs are initiated and met in accordance with their plans of care and treatment;

**(3)**

Referral to and collaboration with Early Intervention Programs as described in the

Individuals with Disabilities Education Act, 20 United States Code, Section 1400, et seq., Early Intervention Program, 20 United States Code, Section 1471, and with Special Education Programs, as described in the California Education Code, Section 56000 et seq.;

**(4)**

Coordination with local or state agencies and programs providing services to children, such as the Regional Center, California Children's Services, Child Protective Services;

**(5)**

Coordination of patient and family teaching;

**(6)**

Preparation and implementation of a discharge plan for each patient's return home, to other appropriate placement or leave of absence. This shall include the identification and arrangement of services and equipment for the patient to effectuate discharge or leave of absence;

**(k)**

Pediatric subacute care units shall define, implement, and maintain a system for determining patient requirements for nursing care based on patient needs with goals that are time limited, as demonstrated in each patient's comprehensive care plan. Nursing personnel shall be sufficient to assure prompt recognition of any untoward change in patient condition, and to facilitate appropriate nursing, medical or other appropriate intervention. The pediatric subacute care unit shall utilize nursing staff in at least the following minimum ratios: a minimum daily average of 5.0 actual unduplicated licensed nursing hours per patient day, and 4.0 actual certified nurse aide hours per patient day.

**(l)**

In providing for the licensed nursing hours requirement in accordance with

subsection (k) of this section, each pediatric subacute unit shall provide: (1) A registered nurse as the pediatric subacute unit's head nurse/nurse manager; and (2) A minimum of one registered nurse per shift, not including the unit's head nurse/nurse manager, unless at least 80% of the time of that nurse is spent in direct patient care. In such a case, the remaining 20% of time of that nurse shall be spent in managerial duties for the pediatric subacute unit.

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A registered nurse as the pediatric subacute unit's head nurse/nurse manager; and

**(2)**

A minimum of one registered nurse per shift, not including the unit's head nurse/nurse manager, unless at least 80% of the time of that nurse is spent in direct patient care. In such a case, the remaining 20% of time of that nurse shall be spent in managerial duties for the pediatric subacute unit.

**(m)**

The head nurse/nurse manager shall upon hire provide to the employer evidence specified in subsections (m)(1) and (2) below: (1) Current California licensure as a registered nurse, and a minimum of two years experience within the last five years which shall include nursing supervision, and providing care to the types of pediatric patients with technology dependency for whom the facility provides care; and (2) Within one year of his/her date of hire, proof of completion of at least 30 continuing education units specific to the physical and psycho-social assessment of, and provision of care to, the critically ill child.

**(1)**

Current California licensure as a registered nurse, and a minimum of two years experience within the last five years which shall include nursing supervision, and providing care to the types of pediatric patients with technology dependency for whom

the facility provides care; and

**(2)**

Within one year of his/her date of hire, proof of completion of at least 30 continuing education units specific to the physical and psycho-social assessment of, and provision of care to, the critically ill child.

**(n)**

Each licensed nurse shall provide to the employer evidence of either of the following: (1) Upon hire, a minimum of six months experience within the past two years providing care to the types of pediatric subacute patients with technology dependency for whom the facility provides care; or (2) An acquired competency, to be documented in the licensed nurse's personnel records, including: (A) Proof of completion of at least 15 continuing education units specific to the provision of care to the critically ill child within one year of his/her date of hire, and (B) Proof of completion, within two months of employment, of at least 40 hours of direct employee specific preceptorship, provided by a registered nurse meeting the qualifications specified in Section 51215.8(m), designed to promote the licensed nurse's clinical competency in providing nursing services to the types of pediatric patients with technology dependency for whom the facility provides care. The preceptorship may be provided during the licensed nurse's normal working tour of duty.

**(1)**

Upon hire, a minimum of six months experience within the past two years providing care to the types of pediatric subacute patients with technology dependency for whom the facility provides care; or

**(2)**

An acquired competency, to be documented in the licensed nurse's personnel records,

including:(A) Proof of completion of at least 15 continuing education units specific to the provision of care to the critically ill child within one year of his/her date of hire, and (B) Proof of completion, within two months of employment, of at least 40 hours of direct employee specific preceptorship, provided by a registered nurse meeting the qualifications specified in Section 51215.8(m), designed to promote the licensed nurse's clinical competency in providing nursing services to the types of pediatric patients with technology dependency for whom the facility provides care. The preceptorship may be provided during the licensed nurse's normal working tour of duty.

**(A)**

Proof of completion of at least 15 continuing education units specific to the provision of care to the critically ill child within one year of his/her date of hire, and

**(B)**

Proof of completion, within two months of employment, of at least 40 hours of direct employee specific preceptorship, provided by a registered nurse meeting the qualifications specified in Section 51215.8(m), designed to promote the licensed nurse's clinical competency in providing nursing services to the types of pediatric patients with technology dependency for whom the facility provides care. The preceptorship may be provided during the licensed nurse's normal working tour of duty.

**(o)**

All pediatric subacute care licensed and certified nursing staff shall either have upon hire, or prior to the completion of the orientation period described in Title 22, Section 72517(d), obtain and subsequently maintain, pediatric cardiopulmonary resuscitation certification.

**(p)**

The registered nurse member of the pediatric subacute care licensed nursing staff on each shift shall either have upon hire, or within 90 calendar days of his/her date

of hire, obtain and subsequently maintain, pediatric advanced cardiopulmonary resuscitation life support certification.

**(q)**

No nursing staff person assigned to the pediatric subacute unit, including the unit's head nurse/nurse manager, shall be assigned duties outside of the pediatric subacute care unit during any given shift when the staff person is assigned to the pediatric subacute unit.

**(r)**

In complying with the staff development requirements specified in Section 72517(a)(1), the facility shall focus on the nursing care and developmental needs of pediatric patients for whom it provides care. The facility shall maintain documentation of compliance with this section and provide it upon request by the Department.

**(s)**

Each nurse aide assigned to the pediatric subacute care unit shall meet the nurse aide certification requirements set forth in Sections 71801 through 71853.

**(t)**

The pediatric subacute care unit shall utilize a licensed Respiratory Care Practitioner to provide a minimum of 3.0 hours per patient day to each ventilator dependent patient, and a minimum of 2.0 hours per patient day to each non-ventilator dependent patient, of medically necessary respiratory care services, when provided under the order of a person lawfully authorized to give such an order, and according to each pediatric subacute beneficiary's assessment and care plan. A licensed Respiratory Care Practitioner shall be present in the nursing facility 24 hours a day and may have assigned duties outside the pediatric subacute care unit.

**(u)**

Each facility providing pediatric subacute services shall provide for the consultant services of a registered dietitian with demonstrated background and/or clinical experience in pediatric nutrition. The pediatric registered dietitian shall provide a comprehensive nutrition assessment within seven working days of the child's admission to the pediatric subacute unit followed by development and implementation of a nutrition care plan in accordance with accepted pediatric nutrition standards of care.